

P.O. Box 308  
Monterey, MA 01245  
413-528-1443 fax 413-528-9452

**System Owner**\_\_\_\_\_

**Type:**      **Emergency**                      **Routine**

Cesspool:      No      Yes                      Septic Tank:      No      Yes

1) Date of Pumping:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Quantity Pumped:\_\_\_\_\_gals

2) System Pumped by \_\_\_\_\_ Permit No. \_\_\_\_\_  
Company Name

3) Contents Transferred to \_\_\_\_\_

4) Contents Disposed at \_\_\_\_\_

5) Signature of Pumper\_\_\_\_\_ Date\_\_\_\_\_

6) Condition of System/Other Comments: (This section must be completed)

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**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

Revised 9/21/05